PTO/SB/22 (09-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006			Docket Number (Optional)		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			060593-14		
Application Number 10/606,178			Filed June 24, 2003		
For Methods and Apparatus for a Self-Configuring Smart Modular Wireless Device					
Art Unit 261	8		Examiner Zhiyu Li	U	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
Fee			Small Entity Fee		
×	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60</u>	
] Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant of	slaims small entity status. See 37 CFR 1	.27.			
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2036 is attached.					
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to					
Deposit Acc WARNING: I	count Number <u>50-2811</u> . I have enclose information on this form may become public rovide credit card information and authority.	d a duplicate copy of	f this sheet.		
I am the	applicant/inventor.				
	assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	attorney or agent of record. Registration Number				
	⊠ attorney or agent under 37 CFR 1 34.				
	Registration number if acting under 37	CFR 1.34 38,393 .			
2/4/11	week (les		October 15, 20	07	
Signature		***************************************	Date		
Kenneth C. Brooks		***************************************	650 856-3923		
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if					
more than one signal	hine is required, see below.	interest or user represen	usove(s) are required. Sub-	na murupre forms if	
∑ Total of 1 i	orms are submitted.				

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to the (and by the USFTO to process) an application. Confidentially is governed by 59 U.S. C. 122 and 37 CFR 1.11 and 1.14. This to the (and by the USFTO to process) an application. Confidentially is governed by 59 U.S. C. 122 and 37 CFR 1.11 and 1.14. This USFTO Time will vary depending upon the individual case. Any comments on the amount of time you required to complies this form andor aspections for excluding the business pointing upon the individual case. Any comments on the amount of time you required to complies this form andor aspections for excluding the business manual the sent to the Chief Information Ordiner, U.S. Patient and Tradentian's Chief. Society of Commence, P.O. Box 146(), Alexandria, V.A. 2313-1450. DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 145(), Descriptions, V.A. 2313-1450.